

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 9364  
Registrar's No. 2847

Registration District No. 791

Primary Registration District No. 1003

1. PLACE OF DEATH:

(a) County \_\_\_\_\_  
(b) City or town St Louis  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: Homer G Phillips  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 21 days  
Unknown (Specify whether years, months or days)

3. (a) PRINT FULL NAME Herman Williams

3. (b) If veteran, name war Unk 3. (c) Social Security No. Unk

4. Sex Male 5. Color or race Negro 6. (a) Single, widowed, married, divorced Sep

6. (b) Name of husband or wife Unk 6. (c) Age of husband or wife if alive Unk years

7. Birth date of deceased September 12, 1882  
(Month) (Day) (Year)

8. AGE: Years 57 Months 5 Days 19 If less than one day hr. min.

9. Birthplace Unk Miss  
(City, town, or county) (State or foreign country)

10. Usual occupation Unk

11. Industry or business Unk

MOTHER FATHER { 12. Name Amos Williams  
13. Birthplace XXXXXX Miss  
(City, town, or county) (State or foreign country)

MOTHER FATHER { 14. Maiden name Sarah Scott  
15. Birthplace XXXXXX Miss  
(City, town, or county) (State or foreign country)

16. (a) Informant Florence A. Spotts  
(b) Address 2601 N Whittier

17. (a) burial (b) Date thereof 3-28-40  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation CITY CEMETERY

18. (a) Signature of funeral director W. H. Hamilton  
(b) Address City Health Dept.

19. (a) MAR 27 1940 (b) J. D. Braddock  
(Place of death or location of death) (Signature of registrar)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County \_\_\_\_\_  
(c) City or town St Louis 21  
(If outside city or town limits, write "RURAL")  
(d) Street No. 2207 Chestnut  
(If rural, give location)  
(e) If foreign born, how long in U. S. A. ? \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 1  
year 1940 hour 8:25 minute A. M.

21. I hereby certify that I attended the deceased from February 9, 1940 to March 1, 1940;  
that I last saw him alive on March 1, 1940;  
and that death occurred on the date and hour stated above.

Immediate cause of death Lobar Pneumonia Duration 1 mo

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions Emphyema 1 mo  
(Include pregnancy within 3 months of death)

Major findings: Of operations \_\_\_\_\_

Of autopsy Lobar Pneumonia  
Emphyema

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) \_\_\_\_\_  
(b) Date of occurrence \_\_\_\_\_  
(c) Where did injury occur? \_\_\_\_\_ (City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place)  
(e) Means of injury \_\_\_\_\_

23. Signature H. J. Lyman (M. D. or other)  
Address 2601 N Whittier Date signed \_\_\_\_\_

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**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....  
....., Registered Apprentice No.....  
working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, above space should be left blank.**